

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -

12280

2. Fiscal Year Covered From

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Anthony D. Macagrone

P.O. Box, Bldg., Room No., if any

Street 215 Staples Street

City Farmingdale

State New York ZIP Code + 4 11735

4. Name, file number, and address of labor organization

Name Empire State Fringe Benefit Funds

Labor Organization File Number 038-392

P.O. Box, Building and Room Number, if any

Street 270 Motor Parkway

City Hauppauge

State New York ZIP Code + 4 11788

5. Position in labor organization

Trustee

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any)

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

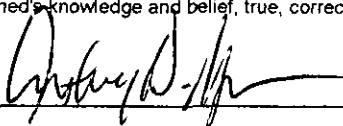
7 a. Nature of Interest, Transaction, or Income.

7 b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/12/05

Date

516 297 4346

Telephone Number

Name of Person Filing Anthony Macagnone	File Number U-
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<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>	
<p>8 Name and address of Business (including trade name, if any)</p> <p>Name Empire State Fringe Benefit Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 270 Motor Parkway</p> <p>City Hauppauge</p> <p>State New York ZIP Code + 4 11788</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received</p> <p>Auto Expense Reimbursement</p>
	<p>12.b. Amount. \$161</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>

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	<p>11.b. Approximate dollar value of such dealing</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Educational Conference Travel</p> <p>12.b. Amount. \$68</p>

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<p>11 a. Nature of such dealing.</p>					
<p>11 b. Approximate dollar value of such dealing</p>					
<p>12 a. Nature of interest held or income received.</p> <p>Educational Conference Lodging</p>					
<p>12.b. Amount. \$627</p>					

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8. Name and address of Business (including trade name, if any). Name Empire State Fringe Benefit Funds Trade Name, if any. P O Box, Bldg., Room No., if any Street 270 Motor Parkway City Hauppauge State New York ZIP Code + 4 11788	9. Business deals with <input checked="" type="checkbox"/> a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name Name Trade Name, if any: P O Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing.
	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received. Educational Conference Meals 12.b. Amount. \$179

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